

To Whom This my concern.

The Business was sold in 1996.

It HAS been 22 years. These are the only

Papers I have. ^{WASTE} HAZARDOUS Manifests.

There are 2 or 3 cleaners; American cleaners
on Peninsula Blvd, Cedarwood cleaners on

West Broadway all are in Hewlett, N.Y. 11557

A. The company is out of business

B. N.Y. State before March 3 1969.

C. —————

D. IRWIN MANDEL

E. INACTIVE.

2. Business was sold in 1996.

3. IRWIN MANDEL

4. I think the business was sold to The Dootie Corp.

A. No relationship with the Dootie Corp. (They
Bought the business & all the Dry Cleaning
Equipment.

I am sorry I do not have any more
Papers.

We Moved our residence 3 or 4 times in
the 22 years.

P. Hazardous Waste Manifests.

Irwin Mandel

Irwin Mandel





2-118-08

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Form Approved OMB No. 2050-0039, Expires 9-30-96

se print or type. DO NOT STAPLE.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <i>NYD 981087802</i>		Manifest Document No. <i>77416</i>		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.				
3. Generator's Name and Mailing Address <i>Tiermont C/MS 1309 Broadway, Hewlett N.Y. 11557</i>						A. State Manifest Document Number NY C 377446-4						
						B. Generator's ID: <i>NYC 981087802</i>						
4. Generator's Phone () <i>(516) 374-5225</i>						C. State Transporter's ID: <i>NYC 981087802</i>						
5. Transporter 1 (Company Name) <i>Safety-Kleen</i>						D. Transporter's Phone () <i>(516) 424-3111</i>						
7. Transporter 2 (Company Name)						E. State Transporter's ID: <i>()</i>						
						F. Transporter's Phone () <i>()</i>						
9. Designated Facility Name and Site Address <i>SAFETY-KLEEN CORP. 30 SEABRO NO AMITYVILLE, NY 11701</i>						G. State Facility's ID: <i>NYD 000708198</i>						
						H. Facility's Phone: <i>(516) 842-6311</i>						
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)					12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
											EPA Waste No.	
a. <i>RG WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D039) (D040) (ERG74) 13 LBS/GAL</i>					<i>1 DF</i>		<i>195</i>		<i>P</i>		EPA F002 STATE 7	
b. <i>WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D039) (ERG74) 138/GAL FILTERS</i>					<i>1 DM</i>		<i>60</i>		<i>P</i>		EPA F002 STATE 7	
c.											EPA STATE	
d.											EPA STATE	
J. Additional Descriptions for Materials Listed Above <i>(A) D007, D040</i>						K. Handling Codes for Wastes Listed Above						
a. <i>F002 D039</i>						a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>						
15. Special Handling Instructions and Additional Information <i>EMERGENCY RESP#1-708-898-4660 24HR 2-118-58-8172 PPS-M 77416</i>												
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this assignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.												
Printed/Typed Name <i>Salvatore Braccione</i>				Signature <i>[Signature]</i>				Mo. Day Year <i>4 10 96</i>				
17. Transporter 1 (Acknowledgement of Receipt of Materials)				Signature <i>[Signature]</i>				Mo. Day Year <i>4 10 96</i>				
Printed/Typed Name <i>John Darcy</i>				Signature <i>[Signature]</i>				Mo. Day Year <i>4 10 96</i>				
18. Transporter 2 (Acknowledgement of Receipt of Materials)				Signature <i>[Signature]</i>				Mo. Day Year <i>4 10 96</i>				
Printed/Typed Name <i>[Blank]</i>				Signature <i>[Blank]</i>				Mo. Day Year <i>[Blank]</i>				
19. Discrepancy Indication Space												
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.												
Printed/Typed Name <i>John J. NATA</i>				Signature <i>[Signature]</i>				Mo. Day Year <i>4 10 96</i>				

NYC 377446-4



TRANSPORTER

316 342-5111 BRUCE MULVLY

B
I
L
L2-112-58-8172-1
PIERMONT CLNRS
1309 BROADWAY
HEWLETT NY 11557Change To 4 wks
DUE NEXT 9/6/32

SCHEDULED SERVICE WEEK		SCHEDULED TERRITORY		REFERENCE NUMBER
96-28		32		CU1736
CREDIT CODE	PREV. BALANCE		BAL. OVER 60 DAYS	
BUSINESS TYPE		CHAIN	OUTER COUNTY	SVC. P/C PROD. P/C
47		NO	NO	001 003
TAX EXEMPTION NUMBER				
SERVICE TAX C.O.M.S. TAX PRODUCT TAX				
.483 .003 .85				

CUSTOMER

SERVICE DATE		SALES REP NO.		CUSTOMER P.O. NUMBER			CUSTOMER PHONE #		TAX CODE		HANDLING CODE		ASSOC. CODE		SERVICE TAX		C.O.M.S. TAX		PRODUCT TAX		
7/1/96		5761					316-374-3229		33-150-3558						.483		.003		.85		
DEPT	SERVICE/PRODUCT	SERIAL NUMBER	UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS/INITIAL)	CHANGE SCH. DATE (YY MM)	INV. CODE	PROMO NO.			M/SDS GIVEN	
	0012001		89.75	1	89.75	7.82	97.57		CLEAN	SPENT	TOP CONT	SK DOT			04						<input type="checkbox"/>
	0012002		89.75	1	89.75	7.82	97.57		XX	XX	3	906			04						<input type="checkbox"/>
									XX	XX	3	942			04						<input type="checkbox"/>
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TOTAL-SERVICE/PRODUCTS																					<input type="checkbox"/>
										CHECK		6000		6008							

WE CARE

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
1109009	IL0984908202	NY0961087802	
11. US-DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)			

WASTE	TETRACHLOROETHYLENE	6.1 UN1897 PG III (F	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	15. I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
002, 0039)	(ERG474) 138/GAL FILTERS		1	60	P	906	0 TO 220 LBS./MONTH
RQ WASTE TETRACHLOROETHYLENE	6.1 UN1897 PG III (F		1	195	P	942	220 LBS. TO 2,200 LBS./MONTH
002 0007, 0008)	(ERG474) 13 LBS/GAL						GREATER THAN 2,200 LBS./MONTH

DESIGNATED FACILITY NAME AND ADDRESS

80 SEABRO SAFETY-KLEEN CORP.
RD AMITYVILLE, NY 11701

USA EPA ID NO.

NY0000708198

STATE ID NO.

PAYMENT RECEIVED SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	
	INVOICE #	AMOUNT \$	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.		AMEX VISA MC	EXP. DATE	
REFERENCE				

LDR MESSAGE

LDR REQ'D

MANIFEST CODE

SEQ #

NY

33

IN THE EVENT OF AN
EMERGENCY CALL

1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Print Customer Name

By:

Customer's Authorized Representative

TOTAL CHARGE
(FROM ABOVE)WM DISCOUNT
(FROM ABOVE)

TOTAL DUE

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 3/96)

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

in case of emergency or spill, immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-7362.

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NYD 981087802	Manifest Document No. 01736	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PIERMONT CLMRS 1309 BROADWAY HEWLETT NY 11557			A. State Manifest Document Number NY C 417007-1		
4. Generator's Phone () 516 374-3229			B. Generator's ID SAME		
5. Transporter 1 (Company Name) SAFETY-KLEEN CORP.		6. US EPA ID Number 1LD 984908202		C. State Transporter's ID M151225	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Phone 516 842-6311	
9. Designed Facility Name and Site Address SAFETY-KLEEN CORP. 80 SEABRO NO AMITYVILLE NY 11701		10. US EPA ID Number NYD 000708198		E. State Transporter's ID	
				F. Transporter's Phone ()	
				G. State Facility's ID	
				H. Facility's Phone 516 842-6311	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D039) (ERG#74) 138/GAL FILTERS			1 60		P
b. RG WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D007, D008) (D039, D040) (ERG#74) 13 LBS/GAL			1 195		P
c.					
d.					
J. Additional Descriptions for Materials Listed Above I(A) D039			K. Handling Codes for Wastes Listed Above		
a.			a.		
I(B) D007, D008 b. (B) D039, D040			b.		
15. Special Handling Instructions and Additional Information EMERGENCY RESP#1-800-468-1760 24HR 9628 91996857 001736 2-118-38-8172 02					
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Printed/Typed Name			Signature		Mo. Day Year
17. Transporter 1 (Acknowledgement of Receipt of Materials)					
Printed/Typed Name			Signature		Mo. Day Year
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Printed/Typed Name			Signature		Mo. Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name			Signature		Mo. Day Year

COPY 8-Generator-retained by generator

R# 906 B 942 C

NY C 417007-1

2-118-SF-8172

1099

PIERMONT CLEANERS

1309 BROADWAY
HEWLETT, NY 11557

DATE 10/31/95 50-446
214

PAY TO THE
ORDER OF

Safety Kleen

\$ 489 ⁵¹/₁₀₀

Four hundred & Eighty Nine ⁵¹/₁₀₀

DOLLARS

Security Features
Available on Demand



John Mendel

FOR

⑈001099⑈ ⑆021404465⑆ 93874 92206⑈

⑈0000048951⑈